	ve on 12/08/2004.			espond to a collection of information unless it displays a valid OMB control number Complete if Known				
Fees pursuant to the Consolid	lated Appropriatio	ns Act, 2005 (H.R.		Application Numbe	1.0.50		Conf. No.: 2652	
FEE TR	ANSI	MITTA		Filing Date		per 9, 2005		
For FY 2009				First Named Invent		Jari HELIN		
			 	Examiner Name	.01	J. LAU		
Applicant claims small	entity status.	See 37 CFR 1.27	7		1623			
TOTAL AMOUNT OF PAYMENT (\$) 52.00				Art Unit		4001104	· · · · · · · · · · · · · · · · · · ·	
TOTAL AMOUNT OF TAT	ιπ ΕΙ ΨΙ (Ψ)	02.00	4	Attorney Docket No	0933-02	40PUS1		
METHOD OF PAYMEN	T (check all th	nat apply)						
Check Credit		oney Order	None	Other (please	se identify):			
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:								
For the above-identi	fied deposit acc	count, the Directo	r is heret	oy authorized to: (c	heck all that a	apply)		
✔ Charge fee(s)) indicated belo	w		Charge fe	ee(s) indicate	d below, exce	ept for the filing fee	
Charge any additional fee(s) or underpayments of fee(s)								
	R 1.16 and 1.17	•		Orodan dari			vide credit card	
information and authorization		o publici Ciculi						
FEE CALCULATION								
1. BASIC FILING, SEAF	RCH, AND EX	CAMINATION F	EES					
						MINATION FEES		
Application Type	- (4)	all Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		III Entity ee (\$)	Fees Paid (\$)	
Utility		165	540	270	_	10	0.00	
Design	220	110	100	50	140	70	0.00	
Plant		110	330	165	170	85	0.00	
Reissue		165	540	270		325	0.00	
Provisional		110	0	0	0	0	0.00	
2. EXCESS CLAIM FEE		110	Ü	O	Ü		Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
<u>Total Claims</u> 25 - 20 or HP =	Extra Claims 2	Fee (\$) x 26.00		<u>'aid (\$)</u> .00		<u>Muitiple Dep</u> Fee (\$)	endent Claims Fee Paid (\$)	
HP = highest number of total						0.00	0.00	
Indep. Claims	Extra Claims	Fee (\$)		aid (\$ <u>)</u>	-	0.00		
4 - 3 or HP =	0	x 110.00		00				
HP = highest number of indep 3. APPLICATION SIZE		aid for, il greater tha	ın ə.					
If the specification and	drawings exc							
listings under 37 Cl	. ,,,					entity) for ea	ach additional 50	
sheets or fraction the	ereof. See 3: Extra Sheets	5 U.S.C. 41(a)(Number	1)(G) an	id 37 CFR 1.16(s additional 50 or fr). action there	of Fee (\$) Fee Paid (\$)	
100 =		/ 50 =	0 ((round up to a who	le number)	X	= 0.00	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) 0.00								
Other (e.g., late filing surcharge):								
				W-M4-1			-	
SUBMITTED BY Signature	- XI2		Re	egistration No. 4287	 74	Telephone	703-205-8000	
	1-D-1-1-	<u> </u>	(At	ttorney/Agent) 4207	· •	Date DE	(3 0 2009 	
Name (Print/Type) Craig A. N	rickoppie					Date -		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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